

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Coventry Health Care Inc - First Health Group Corp

ADDRESS (number and street)

901 New York Avenue NW Third Fl.

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00217216

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Ruhlmann

Signature of Treasurer

Electronically Filed by John Ruhlmann

Date

12

05

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Coventry Health Care Inc - First Health Group Corp

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		94963.14
(b) Cash on Hand at Beginning of Reporting Period .....	108451.73	
(c) Total Receipts (from Line 19) .....	2505.98	47444.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	110957.71	142407.71
7. Total Disbursements (from Line 31) .....	0.00	31450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	110957.71	110957.71
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Coventry Health Care Inc - First Health Group Corp

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2221.98	36670.85
(ii) Unitemized .....	284.00	10491.83
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2505.98	47162.68
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	2505.98	47162.68
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	281.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2505.98	47444.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2505.98	47444.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	27500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	-50.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	-50.00
29. Other Disbursements.....		0.00	4000.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		0.00	31450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		0.00	31450.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2505.98	47162.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2505.98	47212.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	281.89
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	-281.89

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

Full Name (Last, First, Middle Initial)

**A.** Mary Baranowski

Mailing Address 7617 Queens Court

City State Zip Code  
 Downers Grove IL 60516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536417

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B.** Mary Baranowski

Mailing Address 7617 Queens Court

City State Zip Code  
 Downers Grove IL 60516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580241

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C.** Pamela Barnes

Mailing Address 3200 S. Highland Ave

City State Zip Code  
 Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580220

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

86.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

**A.** Full Name (Last, First, Middle Initial)

Isadore Baseman

Mailing Address 3721 TecPort Drive

City State Zip Code  
Harrisburg PA 17106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536420

Amount of Each Receipt this Period

75.00

**B.** Full Name (Last, First, Middle Initial)

Isadore Baseman

Mailing Address 3721 TecPort Drive

City State Zip Code  
Harrisburg PA 17106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580244

Amount of Each Receipt this Period

75.00

**C.** Full Name (Last, First, Middle Initial)

Sandra Berg

Mailing Address 949 Darius Av

City State Zip Code  
Naperville IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580213

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Dale Bleacher Mailing Address 10020 Bellona Court City Richmond State VA Zip Code 23233 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation Systems Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> A2006-1536414 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dale Bleacher Mailing Address 10020 Bellona Court City Richmond State VA Zip Code 23233 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation Systems Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> A2006-1580238 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Edward Borovatz Mailing Address 11700 Trophy Club Dr. City Midlothian State VA Zip Code 23113 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> A2006-1536403 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Borovatz Mailing Address 11700 Trophy Club Dr. City Midlothian State VA Zip Code 23113 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> A2006-1580227 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) Marcey Brandon Mailing Address 3200 Highland Ave City Downers Grove State IL Zip Code 60515 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> A2006-1580236 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Byrd Mailing Address 4240 Cox Road City Glen Allen State VA Zip Code 23060 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.29			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> A2006-1536437 Amount of Each Receipt this Period 38.47

**SUBTOTAL** of Receipts This Page (optional) .....

73.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Byrd		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 4240 Cox Road		
City Glen Allen	State VA	Zip Code 23060
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2006-1580261
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period 38.47
Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.76	

<b>B.</b> Full Name (Last, First, Middle Initial) Catherine Cozzi		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 3200 Highland Ave		
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2006-1536402
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period 20.00
Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Catherine Cozzi		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 3200 Highland Ave		
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2006-1580226
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period 20.00
Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

**SUBTOTAL** of Receipts This Page (optional) .....

78.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

**A.** Full Name (Last, First, Middle Initial)  
Dennis Czechanski  
Mailing Address 926 White Birch Ln

City State Zip Code  
Westmont IL 60559

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
National Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536391

Amount of Each Receipt this Period

14.04

**B.** Full Name (Last, First, Middle Initial)  
Dennis Czechanski  
Mailing Address 926 White Birch Ln

City State Zip Code  
Westmont IL 60559

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
National Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.84

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580215

Amount of Each Receipt this Period

14.04

**C.** Full Name (Last, First, Middle Initial)  
E. Pauline Degenfelder  
Mailing Address 3200 S. Highland Ave.

City State Zip Code  
Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536435

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

78.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) E. Pauline Degenfelder		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 3200 S. Highland Ave.		
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2006-1580259
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive	
Aggregate Year-to-Date ▼ 700.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Alan Dileo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 637 Westridge Drive		
City Aurora	State IL	Zip Code 60504
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2006-1536410
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director	
Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Alan Dileo		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 637 Westridge Drive		
City Aurora	State IL	Zip Code 60504
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2006-1580234
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director	
Aggregate Year-to-Date ▼ 325.00		

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Judith Elliott		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 3200 Highland Ave		
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2006-1580232
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period 10.00
Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Adrian Engels		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2523 E Oak Grove Dr		
City Sandy	State UT	Zip Code 84092
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2006-1580211
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period 10.00
Occupation Supervisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>C.</b> Full Name (Last, First, Middle Initial) David Fagan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 550 Maryville Center Drive		
City St. Louis	State MO	Zip Code 63141
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> A2006-1536422
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period 20.00
Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) David Fagan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 550 Maryville Center Drive		<b>Transaction ID:</b> A2006-1580246
City St. Louis	State MO	Zip Code 63141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Jane Furtwangles		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-1536392
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.04
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.80	

<b>C.</b> Full Name (Last, First, Middle Initial) Jane Furtwangles		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-1580216
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.04
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.84	

**SUBTOTAL** of Receipts This Page (optional) .....

48.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Greg Hale		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-1536400
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.04
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.80	

<b>B.</b> Full Name (Last, First, Middle Initial) Greg Hale		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-1580224
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.04
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.84	

<b>C.</b> Full Name (Last, First, Middle Initial) Bruce Hodges		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-1580228
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

**SUBTOTAL** of Receipts This Page (optional) .....

38.08

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Kim Isbell Mailing Address 6140 Moss Rose Ln City State Zip Code Aubrey TX 76227 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> A2006-1536399 Amount of Each Receipt this Period 20.00	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	0		2	0	0	6													
<b>B.</b> Full Name (Last, First, Middle Initial) Kim Isbell Mailing Address 6140 Moss Rose Ln City State Zip Code Aubrey TX 76227 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> A2006-1580223 Amount of Each Receipt this Period 20.00	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	3		2	0	0	6													
<b>C.</b> Full Name (Last, First, Middle Initial) Mahmood Kassim Mailing Address 6705 Rockledge Dr. Suite 900 City State Zip Code Bethesda MD 20817 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> A2006-1536433 Amount of Each Receipt this Period 30.00	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	0		2	0	0	6													

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

**A.** Full Name (Last, First, Middle Initial)  
 Mahmood Kassim  
 Mailing Address 6705 Rockledge Dr. Suite 900

City State Zip Code  
 Bethesda MD 20817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Coventry Health Care Inc.

Occupation  
 Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580257

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
 Kenneth Kurzendoerfer  
 Mailing Address 5104 Remington Road

City State Zip Code  
 San Diego CA 92115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Coventry Health Care Inc.

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536416

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
 Kenneth Kurzendoerfer  
 Mailing Address 5104 Remington Road

City State Zip Code  
 San Diego CA 92115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Coventry Health Care Inc.

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580240

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

**A.** Full Name (Last, First, Middle Initial)  
John Langenus  
Mailing Address 3200 S. Highland Ave.

City State Zip Code  
Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536424

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
John Langenus  
Mailing Address 3200 S. Highland Ave.

City State Zip Code  
Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580248

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
Joan Liberatore  
Mailing Address 3200 S. Highland Ave.

City State Zip Code  
Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536405

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

Full Name (Last, First, Middle Initial)

**A.** Joan Liberatore

Mailing Address 3200 S. Highland Ave.

City State Zip Code  
 Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580229

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** John Martin

Mailing Address 3200 S. Highland Ave

City State Zip Code  
 Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580243

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C.** Kris Mazurowski

Mailing Address 3200 Highland Ave

City State Zip Code  
 Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536411

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Kris Mazurowski Mailing Address 3200 Highland Ave City Downers Grove State IL Zip Code 60515 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> A2006-1580235 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Jay Moorhead Mailing Address 2751 Centerville Road City Wilmington State DE Zip Code 19808 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> A2006-1536426 Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jay Moorhead Mailing Address 2751 Centerville Road City Wilmington State DE Zip Code 19808 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coventry Health Care Inc. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> A2006-1580250 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Martin Owens		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 43 Sussex Court		<b>Transaction ID:</b> A2006-1536390
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Martin Owens		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 43 Sussex Court		<b>Transaction ID:</b> A2006-1580214
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Karen Panici		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1400 N State Pkwy		<b>Transaction ID:</b> A2006-1536388
City Chicago	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.80	

**SUBTOTAL** of Receipts This Page (optional) .....

59.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Karen Panici		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> A2006-1580212
Mailing Address 1400 N State Pkwy		
City	State	Zip Code
Chicago	IL	60610
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 19.24
Name of Employer Coventry Health Care Inc.		
Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 404.04		

<b>B.</b> Full Name (Last, First, Middle Initial) Andre Polissedjian		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> A2006-1536394
Mailing Address 3200 S. Highland Ave		
City	State	Zip Code
Downers Grove	IL	60515
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 30.00
Name of Employer Coventry Health Care Inc.		
Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 360.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Andre Polissedjian		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> A2006-1580218
Mailing Address 3200 S. Highland Ave		
City	State	Zip Code
Downers Grove	IL	60515
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 30.00
Name of Employer Coventry Health Care Inc.		
Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 390.00		

**SUBTOTAL** of Receipts This Page (optional) .....

79.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Gerard Quinn		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1536407
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gerard Quinn		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1580231
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Sabrina Rajendran		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-1536436
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

Full Name (Last, First, Middle Initial)

A. Sabrina Rajendran

Mailing Address 3200 S. Highland Ave.

City State Zip Code  
 Downers Grove IL 60515

FEC ID number of contributing federal political committee.

C

Name of Employer  
Coventry Health Care Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580260

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Steven Robino

Mailing Address 8320 Ward Parkway

City State Zip Code  
 Kansas City MO 64114

FEC ID number of contributing federal political committee.

C

Name of Employer  
Coventry Health Care Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536428

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Steven Robino

Mailing Address 8320 Ward Parkway

City State Zip Code  
 Kansas City MO 64114

FEC ID number of contributing federal political committee.

C

Name of Employer  
Coventry Health Care Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580252

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

85.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Dennis Roth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1536398
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dennis Roth		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1580222
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Rebecca Sanborn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 10 S. Broadway		<b>Transaction ID:</b> A2006-1536432
City St. Louis	State MO	Zip Code 63102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

**A.** Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 10 S. Broadway

City State Zip Code  
 St. Louis MO 63102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580256

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)

Daniel Scherr

Mailing Address 4823 Washington

City State Zip Code  
 Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580210

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 901 New York Ave. NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536415

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

**A.** Full Name (Last, First, Middle Initial)  
Ms. Melissa Schooley  
Mailing Address 901 New York Ave. NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580239

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
Bruce Shepperson  
Mailing Address 3612 Locust Ct.

City State Zip Code  
Quinton VA 23141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580225

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
Allen Spath  
Mailing Address 6705 Rockledge Drive

City State Zip Code  
Bethesda MD 20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536429

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

Full Name (Last, First, Middle Initial)

**A.** Allen Spath

Mailing Address 6705 Rockledge Drive

City State Zip Code  
 Bethesda MD 20817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580253

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** Ernest Wells Jr

Mailing Address 3200 Highland Ave

City State Zip Code  
 Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: A2006-1536395

Amount of Each Receipt this Period

57.70

Full Name (Last, First, Middle Initial)

**C.** Ernest Wells Jr

Mailing Address 3200 Highland Ave

City State Zip Code  
 Downers Grove IL 60515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580219

Amount of Each Receipt this Period

57.70

**SUBTOTAL** of Receipts This Page (optional) .....

165.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 31

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Wilson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 3200 Highland Ave.		<b>Transaction ID:</b> A2006-1536397
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Wilson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 3200 Highland Ave.		<b>Transaction ID:</b> A2006-1580221
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dale Wolf		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 6705 Rockledge Dr. Suite 900		<b>Transaction ID:</b> A2006-1536439
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group Corp

**A.**

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 6705 Rockledge Dr. Suite 900

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: A2006-1580263

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

2221.98

Form/Schedule: **SA11A1**

Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

\*\*\*\*\*